## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION: ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000004578

DANCO CONSTRUCTION INCORPORATED

## **FILED** Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90059 024 \*\*\*150.00



Principal Place of Business			Mailing Address				
13905 FIRST STREET			13905 FIRST STREET				
DADE CITY FL 33525		DAG	DADE CITY FL 33525				DO NOT WRITE IN THIS SPACE
							3. Date incorporated or Qualifed
							01/14/1998
2. Principal Pla	ce of Business	2a	Mailing Address				4. FEI Number - Applied For
			26				59 - 3 + 8 + 8 3 1 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Additional
22			27				5. Certificate of Status Desired Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23	դ ՝ <u>├</u> ─┐						Trust Fund Contribution Added to Fees
Zip	Country		Zip	Country			8. This corporation owes the current year Intangible
24	25 29 30					Personal Property Tax. Yes No	
	9. Name and Address of Curre	nt Regis	tered Agent			-	10. Name and Address of New Registered Agent
			•		81	Name	
CREECH, NANCY S			82			Street A	Address (P.O. Box Number is Not Acceptable)
13905 FIRST STREET						000171	
DADE CITY FL 33525							
					84	City	FL 85 Zip Code
At Dispose to the province of Sections 607 0502 and 607 1508. Florida Statutas, the above-na						e-named c	comporation submits this statement for the number of changing its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg					Agen	t signature rec	required when reinstating)  DATE  DATE  DATE  DATE
12.	OFFICERS A	ND DIRE		13.		T	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRESIDENT ☑ Change ☐ Addition
ΠΙLE			☐ DELETE	1,1 111			CREECH, NANCT S.
NAME				1.2 NA			13905 FIRST STREET
STREET ADDRESS						ADDRESS	DASE CITY, FL 33525
CITY-ST-ZIP				1.4 CI		T-ZIP	UICE PRESIDENT Addition
TITLE			☐ DELETE	2.1 TIT		-	Oleg Pice I Bed Tolland
NAME				2.2 NA			CREECH JOHNUT J.
STREET ADDRESS						ADDRESS	DADE CITY FL 33525
CITY-ST-ZIP				2.4 C		T-ZIP	Change Addition
TITLE			☐ DELETE	3.1 🎹			
NAME				3.2 NA	ME		
STREET ADDRESS				3.3 ST	REET	ADDRESS	Į.
CITY-ST-ZIP				3.4, C	TY-S	T-ZIP	
TITLE			☐ DELETE	4.1 TT	rle		· Change Addition
NAME				4. 2 N	AME		
STREET ADDRESS				4.3 ST	REET	ADDRESS	
CITY-ST-ZIP	·			4.4 CT	TY-S	T-ZIP	
TITLE			☐ DELETE	5.1 TIT			Change Addition
NAME				5.2 NA		ŀ	· ·
STREET ADDRESS				5.3 ST	REET	ADDRESS	
Crry-ST-ZIP				5.4 CI		T- ZIP	
TITLE			☐ DELETE	6.1 TI	TLE		☐ Change ☐ Addition
NAME	•			6.2 NA	WE	- 1	
STREET ADDRESS				6.3 ST	REET	ADDRESS	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

